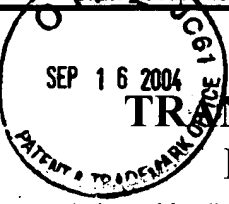


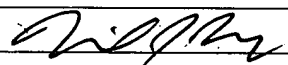
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 <p><b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)</p>	Application Number	09/896,283	
	Filing Date	June 29, 2001	
	First Named Inventor	Steven C. Selbrede et al.	
	Art Unit	1746	
	Examiner Name	Alexander Markoff	
Total Number of Pages in This Submission	93	Attorney Docket Number	14912.817

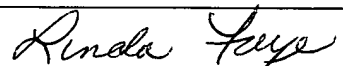
**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

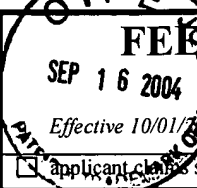
Firm or Individual name	Michael J. Murphy, Reg. No. 37,404, WILSON SONSINI GOODRICH & ROSATI		
Signature			
Date	September 16, 2004		

**CERTIFICATE OF TRANSMISSION/MAILING**

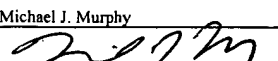
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Linda Faye (Express Mail Label No. EV 333493125 US)		
Signature		Date	September 16, 2004

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 <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="margin: 0; font-size: small;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>		<b>Complete if Known</b>	
<b>TOTAL AMOUNT OF PAYMENT</b>		Application Number: 09/896,283 Filing Date: June 29, 2001 First Named Inventor: Steven C. Selbrede et al. Examiner Name: Alexander Markoff Art Unit: 1746 Attorney Docket No.: 14912.817	
(\$ ) 1,646			

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 23-2415 Deposit Account Name: Wilson Sonsini Goodrich & Rosati  <b>The Director is authorized to: (check all that apply)</b> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment fee(s) <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>3. ADDITIONAL FEES</b>			
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee	Entity Fee	Small Fee	Entity Fee				
Code	(\$)	Code	(\$)	Fee Description	Fee Paid		
1001	770	2001	385	Utility filing fee			
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
<b>SUBTOTAL (1)</b>						(\$ ) 0	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
		Extra Claims	Fee from below			Fee Paid	
Total Claims	18	-50** = 0	x				
Independent Claims	10	-4** = 6	x	86		= 516	
Multiple Dependent							
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43	**Reissue independent claims over original patent			
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent			
<b>SUBTOTAL (2)</b>						(\$ ) 516	
**or number previously paid, if greater; For Reissues, see below							
				Other fee (specify) _____			
				* Reduced by Basic Filing Fee Paid			
				<b>SUBTOTAL (3)</b> \$ 1,130			

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Michael J. Murphy	Registration No. (Attorney/Agent)	37,404
Signature		Telephone	650-493-9300
		Date	September 16, 2004

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